

**Testimony on House Bill 2535**  
**to**  
**House Committee on Energy and the Environment**  
by Gary Mason  
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KDHE appreciates this opportunity to present informational testimony on House Bill 2535 related to the disposal of medical waste “sharps” with recyclable material. KDHE understands and supports the intent of this bill which is to protect workers from potential needle “sticks” and associated health risks. As home health care continues to increase, more medical waste is generated by private households including needles, syringes, and other sharps. A practice began years ago to put sharps into 2-liter plastic beverage containers which were then thrown in the trash. Today, many cities in Kansas have curbside collection programs for recyclables where these bottles are placed into single stream mixed recyclable containers and taken to one of our four in-state material recycling facilities, called MRFs, for processing. Some people are continuing to place their sharps in these bottles or simply in the recycling bins because they are plastic. Consequently, this practice ends up presenting a health risk to workers who handle the materials.

The proposal in HB 2535 to establish this practice as an unlawful act subject to a fine of up to \$5,000 presents some concerns to KDHE with respect to compliance monitoring, complaint investigations, and enforcement. The reason is that the responsible parties will be households. At this time, there are no state laws or regulations that prohibit a homeowner from throwing the waste that they generate through normal residential activity into their trash or recyclable containers. This includes even household hazardous waste. KDHE is uncertain as to how compliance will be assessed or how a case identified by a recycler can be tracked back to a responsible party. The likely scenario will be that a processor of recyclables will find a needle or syringe in a load of recyclables but there will be no mechanism to link the violation to any particular household.

KDHE believes that improvements in the management of sharps and medical waste in general by homeowners must involve outreach and education at the local level, preferably by the public or private entity providing trash and/or recycling service to the public. Simply putting the prohibition in the law as proposed is unlikely to achieve the desired results without the additional educational component. It is unlikely that KDHE will be able to enforce compliance since we will almost always not know who the guilty party is.

Finally, KDHE has recently begun developing background information to update old medical waste regulations to address numerous new issues. We believe one aspect of those regulations that should be considered is the generation and management of medical waste by residential households. This regulation development process will include seeking input from a variety of interested stakeholders including waste management companies, recyclers, health care providers, and local governments. An alternative to this legislation, or perhaps an addition to it, would be to establish clear and specific authority for KDHE to adopt regulations that address the safe management of home generated medical waste. This could be established in K.S.A. 65-3406 as part of the duties and authorities granted to the secretary of KDHE.

I would be happy to answer any questions.